

BEST AVAILABLE COPY

MULTIPLE DEPEN FEE CALCULATION SHEET (FOR USE WITH FO PTO-875)						CLAIM	SERIAL NO. <b>10 / 54094 1</b>	FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
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3			1			53							
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46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2												
TOTAL DEP.	8												
TOTAL CLAIMS	10												